with the full list of names. Do not include addresses here.)

UNITED STATES DISTRICT COURT

r the

Western District of North Carolina

Asheville Division

FILED ASHEVILLE, N.C.

APR 15 2021

U.S. DISTRICT COURT W. DIST. OF N.C.

1:20-cv-00189-MR Case No. (to be filled in by the Clerk's Office) Jaian Evan MccLELLAN Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) Wesley E. WARD YON' L. BANKS TODD SCHETTER CALEB DAYS Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

THIRD AMENDED COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
All other names by which
you have been known:

ID Number
Current Institution
Address

Marion Correctional Inst. (#3730)

355 old Glenwood Road

Marion N.C. 28752

City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1			
Name	10Ni L. BANKS		-
Job or Title (if known)	Lieutenant, TNV	restigating i	officer
Shield Number	UNKNOWN		
Employer	Department of 1	Public safet	
Address	355 old Glenwo	1 1	
	Marion	NIC	28752
	City	State	Zip Code
	Individual capacity	Official cap	pacity
Defendant No. 2			
Name	1000 SCHESSE	R	
Job or Title (if known)	Correctionalo	fficer	
Shield Number	31R42		
Employer	Department of 1	Public safeti	/
Address	355 old Glenw	ood Road	
	Merion	N.C.	28752
	City	State	Zip Code
	Individual capacity	Official cap	pacity

	Defendant No. 6
	Name Speob A. Hicks
	Sobortitle (if known) correctional Sergeant
Defendant No. 5	Shield Number HSA86
Nome Spint 1. Tapp	Employer Department of public safety
Job or title (if Known) correctional Serge	eant Address 355 old Glenwood Road
Shield Number unknown	Marion Noc. 28752 city state Zipcode
Employer Department of Public safety	Mindividual Capacity Official Capacity
Address 355 old Glenwood Road	
Marian N.C. 28752 city state zip code	Defendant No.7
Individual capacity Dofficial capa	city Name R. Riles
	Sob or title (if Knowk) Captain in Rank
Defendant No.8	Shield Number unknown
Name 1. McMAHAN	Employer Department of Public safety
Sobortitle (if Known) Lieutenant in Rank	Address 355 old Glenwood Road
Shield Number unknown	Marion N.C. 28752 city state Lip code
Employer Department of Public Safety	
Address 355 old Glenwood	Mindividual Capacity Dofficial Capacity
Marion N.C. 28752 city State Zip code	
Zindividual capacity Sofficial capacity	
X individual capacity A official capacity	

		Defendant No. 3	
		Name	CALEB M. DAVIS
		Job or Title (if known)	correctional Officer.
		Shield Number	DCM26
		Employer	Department of Public Safety
		Address	355 old Glenwood Road
			Marion N.C. 28752 City State Zip Code
			Individual capacity Official capacity
		Defendant No. 4	
		Name	Wesley E. WARD
		Job or Title (if known)	Registered Nurse
		Shield Number	WWE 14
		Employer	Department of Public Safety
		Address	355 old Glenwood Road
			Merion N.C. 28752
			City State Zip Code Individual capacity Official capacity
			marvidual capacity Official capacity
I.	Basis	s for Jurisdiction	
	immı <i>Fede</i>	unities secured by the Constitution	state or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 388 (1971)</i> , you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (c	check all that apply):
		Federal officials (a Bivens	claim)
		State or local officials (a §	1983 claim)
	В.	the Constitution and [federal law	eging the "deprivation of any rights, privileges, or immunities secured by ws]." 42 U.S.C. § 1983. If you are suing under section 1983, what ry right(s) do you claim is/are being violated by state or local officials?
		42 usc \$ 1983 F	failure to protect from harm of another prisoner
		while or during m	y own incarceration!
	C.		ay only recover for the violation of certain constitutional rights. If you onstitutional right(s) do you claim is/are being violated by federal
			N/A

(My onswer to "Letter D. , page 4 of 1) stating of how each Defendant acted under color of any statute, ordinance, regulation, custom, or usage, of any state or ferritory or the District of columbia. Each Defendant acted under color of state or Local Law, by each person being a state employee acting against me while on duty inside a state prison. All Defendants named below either contributed to how f was assaulted, investigated how f was assaulted, responded to the code 4 called upon me being assaulted or had a chance to sanction officers under their supervision for errors made on their behalf which led up too how failure to protect happened; Lt. T. McMahan; Officer in charge at the time failed to sanction staff an declare me as assault victim. fodd schetter; he called for another group of inmate's to be let out of their cell when I was Not secured in my cell. An he pepper spraied me in a incident that he triggered. caleb Davis; he was the officer at the controls in the control booth who pushed the botton to release other prisoners from their cell (Namely Soshua Carter who assaulted me with a deadly weapon!) After receiving OFC. Todd schetter radio message to let other prisoners out of their cells while I was in the shower. He failed to look in the shower him self from booth. 10mi L. Bonks; This Lieutenant literally investigated and done all incident reports stating the position of all persons involved, Lt. Banks told direct lies in her report as if policy was followed when fold scheller and caleb Davis clearly didn't visually take a physical look before opening another group of inmate doors while I was in the shower. Midding and assisting in a cover up. Wesley E. Ward; The Nurse who seen me after 1 was assaulted by inmate Soshua Carter with a deadly weapon . Nurse ward failed to document my shoulder injury in it's total form an only gave me first aid without sending me to outside medical. The results of such call made has resulted in injury never healing properly. soint 1. Topp : The person who gave response to my direct written grievance. spirit 1. Tapp being the unit manager assistant who is supervisor of Orc. Davis and schetter. spirit 1. Tapp First step, grievance response to me. He clearly stated staff under his directive errored, but he failed to sanction Davis and shetter which made this suite necessary. Sacob Hicks; The person who handcuffed me after pulling me from the Floor in incident where 1 was the victim, he responded as an eye witness, used force of handcuffs on me aggressively. Cot. R. Riles: shift Leader of institution, superior of all officers involved at the time failed to Case 1:20-co-061 Broth Pany Porcemon 128 is Fite Fr DA/15/20 hereafter out learly was the ones who errored in rules.

10	
B B /	0
	(feel)
2.01	0.0

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See attachment page titled; My answer to Letter D., Page Hofit

III.	Prison	er Status
	Indicat	the whether you are a prisoner or other confined person as follows (check all that apply): Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
	X	Convicted and sentenced federal prisoner
		Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

NA

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Incident was initiated due to code 4 called on 6/14/2018 at 1931 hours for Lower Frunit, North wing, shower area.

C. What date and approximate time did the events giving rise to your claim(s) occur?

on 6/14/2018 of around 1931 hours.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was attacked by another prisoner stabled and cut with a weapon, inmate Sochua carter was able to wait outside shower until I came out due to staff letting one group of inmates out while I was in the shower. Staff Not checking the block before opening doors. Names of witnesses already mentioned.

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I received first aid only. was stabbed and cut on back.

Messed my shoulder up during struggle, didn't go to outside medical but clearly had a head injury and think I should have went to outside medical.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want the courts to find that I was clearly harmed due to staff's
failure to protect while here at Marion Correctional. That Marion
has a broken form of system where staff are rarely punished but
inmakes are always charged where staff also errored. I want
to sue for actual damages and/or punitive damages due to No
One being punished or sanctioned within the staff ranks. I want
to sue for about \$15,000.00 in each persons individual, official or
within both Capacity.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	1 was housed at Marion Correctional
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?
	to the Fact of letting one group of inmates out be fore fues secured in my cell.
	was secured in my cell.

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	At Marion Correctional.
	2. What did you claim in your grievance?
	Failure to protect, Letting another group of inmates out while I was still in the shower.
	3. What was the result, if any?
	They admitted too error.
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	popealed at every step until I couldn't appeal any more.
	appeal any more.

F.	If you di	d not file a	grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/F

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I already showed courts my exhaustion there of.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?



If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

	ave you filed other lawsuits in state or federal court dealing with the same facts involved in this tion?
X	yes
	7 No
L	_ INO
	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s) Infan E. McCLELLAN
	Defendant(s) N.C. DEMRIMENT OF PUBLIC SAFETY
2.	Court (if federal court, name the district; if state court, name the county and State)
	NORTH CAROLINA INDUSTRIAL COMMISSION
2	
3.	Docket or index number L.C. # 1A-27386
4.	Name of Judge assigned to your case
	Senior Deputy commissioner, Robert S. Harris
5.	Approximate date of filing lawsuit 11/30/2018
6.	Is the case still pending?
	Yes
	M _N
	1100
	If no, give the approximate date of disposition. $2/3/2020$
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	Sudgment entered in My Fovor 1-Appealed for reasons concerning owarded Funds placement.
	and hundred finds alpenent

Yes.

Se 14 (Rev. 12	16) Cc	emplaint for Violation of Civil Rights (Prisoner)
	X	Yes
		No
D.	-	your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is are than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s) Jaion E. McClellan
		Plaintiff(s) Defendant(s) N.C. Department of Public safety
	2.	Court (if federal court, name the district; if state court, name the county and State)
		N.C. Industrial Commission
	3.	Docket or index number
		J.C. # 1A-28689
	4.	Name of Judge assigned to your case
		Marshall L. Wright
	5.	Approximate date of filing lawsuit
		7/1/2020
	6.	Is the case still pending?
	•	Yes
		No
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	elain E. Ma	Dellan		
Printed Name of Plaintiff	tiff Jaian E. Mcclellan			
Prison Identification #	OPUS# 0512345			
Prison Address	355 old Glenwood Road		*	
	MaríoN City	State	28752 Zip Code	
For Attorneys				
Date of signing:				
Signature of Attorney	·			
Printed Name of Attorney				
Bar Number				
Name of Law Firm				
Address				
	0			
	City	State	Zip Code	